



HAWAII STATE ETHICS COMMISSION

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: LORIANN KANNO	STATE POSITION: DRUG PHARMACIST II *
STATE AGENCY: * DEPT OF HEALTH / IMMUNIZATION BRANCH	STATE TEL. NO.: 586-8300 *

STATE MAILING ADDRESS:

* 1250 PUNAHOWA ST. 4TH FLR
HONOLULU, HI 96813

* PLEASE NOTE:

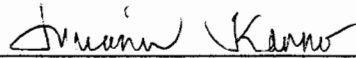
NO LONGER EMPLOYED WITH THE STATE,
AS OF 4/16/04

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	MINNESOTA MULTISTATE PURCHASING ALLIANCE		TRAVEL EXPENSE TO ATTEND ANNUAL BUSINESS MEETING. (1/29/04 - 2/1/04)		1/04		AIR \$732.06 HOTEL \$369.51		

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
			RECEIVED						
			'04 MAY 11 A10 :40						
			STATE OF HAWAII STATE ETHICS COMMISSION						

Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.



 SIGNATURE

5/8/04

 DATE